$M\leq$	case 2:19-cv-02599-MSG	Document 5	Filed 06/20/19	Page 1 of 7	
\ UNIT	ED STATES DISTRICT CO	URT		FILED	
EAST	ERN DISTRICT OF PENNS	YLVANIA		JUN 2 0 2019	
Ka	ring & Han	ulta	К	ATE BARKMAN, Clerk	
1/4			By_	Dep. Clerk	
			Δ,	nende d	
(In	the space above enter the full name(s) of	the plaintiff(s))	/ \ 1	runce —	
Ć ,	- against -			19-2599	
Kad	NOR TOWNShip Police	Department	<u>cc</u>	<u>MPLAINT</u>	
Chi	ef of Police Christon	her flami	ソロト Jury Tria	al: 🗆 Yes 🗆 No	
	JOR TOWNShip Depar			(check one)	
	lopment Kevin Kon			(oncor onc)	
シェ	' ` ^	1 1	relopment		
\sim	NOT TOWNSH.P COM	Δ	recopied		
\sim	cer; Andrew Yan	. 0			
ιΛ	102 Journal Health	· Office;			
Pla	re Corbonara		A C	I.P.	
Dry	n Many tire Depo	itmen 7 17/	e Comparg C	NEI /	
Jan	Kincade.			NKowski	•
Kac	NOR LOWISHIP Man	reger: K	about 210	NKOWSKI	
(In the s cannot f	pace above enter the full name(s) of the a it the names of all of the defendants in th	lefendant(s) IJ you e space provided.	DIT	and chap (, CIMMB
please w	rite "see attached" in the space above a al sheet of paper with the full list of nam	nd attach an	Kadnon	OWAS MAP C	DW 45210 rtci
listed in	the above caption must be identical to th	ose contained in	Sean far	ownship a	
	ddresses should not be included here)				
I.	Parties in this complaint:	4.			
A.	List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.				
Plaintif	f Name				
	Street Address				
	County, City				
	State & Zip Code		·		·)
	Telephone Number	213-39	1-7054	Kabenakuto@	Smail. C

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List all defendants. You should state the full name of the defendants, even if that defendant is a government

agency, an organization, a corporation, or an individual. Include the address where each defendant can be

		hat the defendant(s) listed below are identical to those contained in the above caption. eets of paper as necessary.
Defenda		Name Chiefof Rolice Christofher Faragan
		Street Address
		County, City
		State & Zip Code
Defenda	ant No. 2	Name Kerin Kochanski Radnor Town
		Street Address Department of Community War lo
		County, City
		State & Zip Code
Defenda	nt No. 3	Name Andrew Pan Coast; Radner Trunsle
		Street Address omnunity berelopmen Officek
		County, City
		State & Zip Code
Defenda	int No. 4	Name Manz Carbonara Radwin Toursip Street Address Health Officer
٠, ,	1	County, City
`	•	State & Zip Code
II.	Basis for Jurisdicti	on:
	``,.	,
involvin case inv 1332, a	g a federal question a olving the United Sta	mited jurisdiction. Only two types of cases can be heard in federal court: cases and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a tes Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § n of one state sues a citizen of another state and the amount in damages is more than enship case.
A.		federal court jurisdiction? (check all that apply)
	Q Federal Question	ns Q Diversity of Citizenship
B.		diction is Federal Question, what federal Constitutional, statutory or treaty right is at
	issue?':	

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B.

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	C.	If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?			
		Plaintiff(s) state(s) of citizenship			
		Defendant(s) state(s) of citizenship			
	III.	Statement of Claim:			
	State as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.				
	A. Where did the events giving rise to your claim(s) occur?				
	В.	What date and approximate time did the events giving rise to your claim(s) occur?			
What happened	<u></u>	Facts:			
to you?					
Who did what?					
	· —				
Was anyone eise involved?					
III VOIVEU!					
Who else] —				
saw what happened?					

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IV.	Injuries:
	sustained injuries related to the events alleged above, describe them and state what medical treatment, if any,
you re	equired and received.
V.	Relief:
	what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and
	asis for such compensation.

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e foregoing is true and correct.
, 20
Signature of Plaintiff
Mailing Address
Telephone Number
Fax Number (if you have one)
E-mail Address
of the complaint must date and sign the complaint. Prisoners must also ent place of confinement, and address.
s day of, 20, I am delivering iled to the Clerk's Office of the United States District Court for the
Signature of Plaintiff:
Inmote Number

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Important Privacy Notice

Federal Rule of Civil Procedure 5.2 prohibits litigants in a non-habeas proceeding from submitting documents that contain personal information. Unless the Court orders otherwise, personal identifying information in Court filings must be limited as follows:

- Social security numbers, taxpayer-identification numbers, and financial account numbers must include only the last four digits (e.g., xxx-xx-1234)
- Birth dates must include the year of birth only (e.g., xx/xx/2000)
- Names of persons under the age of 18 must be indicated by **initials only** (e.g., A.B.)

You are responsible for protecting the privacy of this information in your filings. If your documents, including attachments, contain any information that does not comply with this rule, please black out that information before sending your documents to the Court.